

**PRELIMINARY SERVICE PROVIDER INQUIRY
EXPERIENCE AND QUALIFICATIONS**

1. Are you now, or have you ever been, a Harbor Regional Center service provider or a service provider with any other regional center in California? No Yes

If yes, please identify which Regional Center(s) and list the vendor number(s), beginning and ending dates of service, and service code(s). If you need additional room, attach a separate sheet of paper.

Regional Center(s)	Vendor Number(s)	Beginning/Ending Dates	Service Code(s)

2. Have you ever been an employee or ever been associated with any organization that serves persons with Intellectual and other Developmental Disabilities (I/DD)? No Yes

If yes, provide name of agency(s), location, position(s) held, dates of service and a professional reference and phone number from that agency. (Use an additional page if needed.)

3. As a separate attachment, submit a professional resume for all positions with all relevant qualifications, work experience, education, licenses, and certifications for at least the past five (5) years.

PLEASE NOTE: Applicants who are currently vendored service providers with HRC or any other regional center must be in good standing in order to be approved for additional service types/codes. The HRC resource development team will contact other regional centers to verify services and current standing with their center.

4. Are you currently applying for any Request for Proposals (RFP) or in the vendorization process with any other Regional Center? No Yes

If yes, please use the table below to identify which Regional Center(s) you are currently working on proposals with and describe the service(s) you will provide:

Regional Center	Type of Proposed Service and Service Code

5. Provide a detailed account of your credentials and experience that qualify you and your staff to provide this service. Use additional pages, as necessary.

6. I have read and completed the DDS DS1891 Form and verify that I am eligible to provide services and supports to individuals with IDD in the state of CA. No Yes

7. Are you planning to develop the proposed service using a funding source other than Harbor Regional Center for this fiscal year (July to June)? No Yes

If yes, indicate funding source and scope of grant program, if any:

8. Do you maintain any non-regional center professional/business operations that provide services for developmentally disabled persons and/or their families? No Yes

If yes, provide details of each service including business name, location, type, and time commitment of each obligation. (Use additional pages if needed.)

9. Has the applicant or any member of the applicant's organization received a citation from a regional center or State Licensing agency within the last 2 years? No Yes

If Yes, explain in detail

10. Has the applicant or a member of the applicant's organization or staff ever received a citation from any agency for abuse? No Yes

If Yes, explain in detail

11. As an additional attachment, include an organizational chart for your organization or the proposed organization indicating all current/proposed positions. Please indicate whether your organization/proposed organization has any affiliated businesses, if applicable.